

Weimar Public Library
Donation Form

Donor: _____

Address: _____

City, State, Zip _____

PhoneNumber: _____

Amount of _____

Donation: _____ Memorial _____

Please designate the fund you wish to receive your donation:

Library Book Collection: (Circle your choice) Juvenile Adult Literacy Spanish Non-Fiction Genealogy

DVD Fund Library Equipment Fund Library Grounds Library Maintenance

Library Building Fund

Do you wish your donation to be made in memory of (if the person is deceased)

or in honor of (if the person is living) someone special?

(Please circle one:) In Memory of or In Honor of

Name: _____

Who may we notify of the donation?

Name(s): _____

Address: _____

City, State, Zip _____